

SERVICE SPECIFICATION #IV (1)

CONGREGATE MEALS

I. SERVICE DESCRIPTION

A Congregate Meal Service is a nutrition service which provides nutritionally balanced meals that meet one-third of the daily Recommended Dietary Allowance (RDA), as set by the National Research Council (NRC) for this age group and the Dietary Guidelines for Americans (Published by the Secretaries of the Department of Health and Human Services and USDA). Refer to Menu format and DSAAPD guidelines for exact requirements.

II. SERVICE GOAL

The goal of the Congregate Meal Service is to provide a nutritious mid-day meal to improve or maintain nutritional status and to maintain the maximum functioning and independence of the individual.

III. SERVICE UNIT

The unit of service for Congregate Meal Service is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds one-third of the Recommended Dietary Allowance, as defined by DSAAPD.

IV. SERVICE AREA

Services shall be available statewide to eligible persons. However, specific Providers may serve sub-areas, with the approval of the Division of Services for Aging and Adults with Physical Disabilities.

V. LOCATION OF SERVICE DELIVERY

The congregate meals are served in nutrition sites which may be located in senior centers, churches, schools, community centers, and other public and private facilities under the supervision of a nutrition project.

VI. SERVICE ELIGIBILITY

Congregate nutrition services shall be available to persons 60 years of age or older and their spouses (regardless of the age of spouse) ; the age-eligible participant must be a registered participant of the program. "Eligible individuals" include persons providing designated volunteer services during the meal hours. The services may also be made available to handicapped or disabled persons under 60 years of age who reside in housing facilities where congregate meals are served and which are primarily occupied by elderly persons or reside at home with and accompany older individuals who are eligible.

VII. DESCRIPTION OF SERVICES

1. Listing of Components

The Congregate Meal Program is designed to provide low-cost, nutritious meals, and other nutrition services, including outreach, nutrition education, dietary counseling and nutrition screening to older persons. Meals may be hot, cold or approved medical foods.

2. Prohibited Service Components

For purposes of the Division of Services for Aging and Adults with Physical Disabilities planning and reimbursement, Congregate Meal Service may not include any of the following components:

- ◆ Providing meals to ineligible persons.
- ◆ Providing supportive services other than outreach, referrals, nutrition education and nutritional counseling.
- ◆ Denying services to eligible persons because of his/her inability or failure to contribute to the cost of meals.

VIII. SERVICE STANDARDS

Congregate Meal Service must meet or exceed the following standards: The specific role of the sponsor in the nutrition site must be defined by the Project through written agreement. Sponsorship should include a minimum of the following standards:

- ◆ Provide office/desk space and telephone for the use of the site manager.
- ◆ Provide utilities and custodial service.
- ◆ Be responsible for recruiting volunteers to deliver homebound meals.
- ◆ Provide use of service and dining area for the distribution of meals.
- ◆ Provide a clear, convenient entrance to the building for food delivery, which includes snow removal, if meals are served.
- ◆ Allow staff of the sponsoring agency to attend appropriate training or staff meetings.
- ◆ Develop a “Non-Smoking” Policy during meal service in compliance with State laws.
- ◆ An annual plan must be submitted to DSAAPD by mid-April on projected growth and any modifications in existing meal services for the coming year. Current demographic data must support the plan.
- ◆ Participants must be provided with information on how needed services (e.g. Medicare, Medicaid, SSI, transit, housing, etc.) may be obtained and must be provided assistance in gaining access to those services.
- ◆ Projects must provide nutrition education to participants once every quarter. Topics are determined by the results of nutrition screening and must be submitted to the DSAAPD nutritionist by the first month of the program year.
- ◆ Participants, family members, and/or caretakers must be informed of the cost of providing Congregate Meal Service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- ◆ All site staff must be fully trained and qualified (cf DSAAPD policies).
- ◆ As evidence of good cost control, projects are expected to have food items costed per menu items and per meal. An accurate cost of USDA commodities utilized must be included.

- ◆ Personnel and volunteers associated with the Congregate Meal Service should be trained in the most recent FDA Food Code practices for sanitary handling of food as well as fire safety and basic first aid, particularly in dealing with choking and coronary events.
- ◆ Projects must establish a policy to document proof of age.
- ◆ All staff and guests under age 60 are allowed to participate in meal program, unless the site has a waiting list, and are required to pay the full cost of the meal.
- ◆ Projects must develop clear written policies for use by its sites regarding contributions. These policies should address, at a minimum, the use of suggested contribution schedules, contribution policies for staff/guest and provisions for protecting the confidentiality of individual client contribution amounts.
- ◆ Projects must develop, implement and annually update a policy manual containing, at minimum, the following information:
 - Fiscal management
 - Foodservice Management
 - Safety and Sanitation
 - Staff Responsibilities

The manual should address all DSAAPD specifications, policies and procedures and terms of the General Assurances.

- ◆ Food Service Staff should be trained in and adhere to the most recent FDA Food Code specifications for food safety, including safe temperature control of foods
- ◆ Specific written guidelines and procedures must be developed for the collection of donations, the handling of donations, the counting of donations and the depositing of donations.
- ◆ When meal service is subcontracted, the project must follow formal procedures for procuring the cost-effective, sanitary, quality meal service and maintain a system for monitoring the service provider. A signed contract must be available within 60 days of 10/1/03.
- ◆ When meal service is subcontracted for over \$15,000, the project must follow competitive bid procedures unless exempted by DSAAPD.
- ◆ Usage of USDA foods must be continually documented.

- ♦ The project must maintain adequate storage practices, inventory control of USDA commodities and insure that its use is in conformance with the requirements of USDA.
- ♦ Projects must complete a NAPIS intake form on every meal participant.
- ♦ Projects must collect and report the information required by NAPIS and send the information to DSAAPD, as agreed upon..
- ♦ Information on the NAPIS intake form must be updated annually.
- ♦ Projects must conduct Nutrition Screening annually on all participants using the DSAAPD/NAPIS form. Clients identified as “high-risk” must be evaluated by the nutritionist responsible for screening regarding counseling/nutrition education needs. Selected high-risk clients will be contacted by the nutritionist for follow-up. A nutrition screening plan with designated interventions will be submitted on Attachment A and will be monitored for compliance.
- ♦ Projects must offer medical foods to medically/nutritionally at risk clients. At least 3 of the approved products must be available to clients (refer to DSAAPD policy on Medical Foods). Required assessment and follow-up to be completed by screening nutritionist.
- ♦ Each meal served by the Nutrition Service provider must contain at least one third of the current Recommended Dietary Allowance and meet requirements stipulated by DSAAPD.
- ♦ A cycle menu is required of all projects.
- ♦ The Project’s Registered Dietitian must approve the cycle menu to ensure each meal meets one third of the RDA (for DSAAPD selected nutrients) as well as menu guidelines developed by DSAAPD. The approval form, menus and analysis signed by the Registered Dietitian must be submitted to DSAAPD for approval at least two weeks prior to consumption.
- ♦ Excess food may not be saved and re-combined into meals served to clients. Re-combined foods are not a reimbursable meal.
- ♦ The daily menu pattern and applicable food standards are described in (Attachments B and C) and hereby attached.

- ◆ Changes to the cycle menu must be recorded, analyzed and submitted to DSAAPD with the monthly invoice.
- ◆ All meals must be analyzed for nutrient adequacy including breakfast, emergency, back-up, evening and holiday meals.
- ◆ All meals must be analyzed prior to consumption. All labels and recipes must be analyzed and checked for accuracy by the agency R.D.
- ◆ Congregate Meal Service must be provided in a suitable facility which meets the following criteria established by the Division of Services for Aging and Adults with Physical Disabilities:
 - The site must meet the minimum standard of the State of Delaware's Building, Fire and Environmental Services Regulation.
 - The site must have a pleasant environment, adequate lighting, and pleasing décor.
 - Site must be in compliance with Section 504 of the Rehabilitation Act.
 - The site must make special provisions as necessary for the service of meals to eligible handicapped individuals with limited mobility.
 - The site must be available for a minimum of four (4) hours daily.
 - The site manager, as advised by the Project Director, must have a plan of operation, describing coordination with other community resources and programs.
 - The Project Director must ensure that site staff and volunteers are adequately trained to follow safe and sanitary procedures when handling foods (cf most recent FDA Food Code)
 - The site must make provision for the recipients of services to assist the site staff in planning and developing relevant programs.
 - Sites serving > 15 meals must have a Site Manager, either paid, volunteer or in-kind. This person is responsible for site operations relating to the nutrition program.

IX. SERVICE AND CLIENT PRIORITIES

In determining the need for Congregate Meal Services, priority must be given and outreach targeted to low-income, minority persons.

X. STAFFING REQUIREMENTS

Each provider must have on-staff a full time Project Director who will be responsible for the overall daily operation of the Nutrition Program. The Project Director must have a minimum of a Bachelor's Degree in Foodservice and/or Nutrition and two (2) years of experience managing a food/nutrition related program. Responsibilities include supervision of staff, ensuring compliance to DSAAPD specifications, and maintaining contact with funding agency and clients.

If the agency is directly responsible for the production of the meals, a full-time person should be in charge of directing, monitoring and supervising the food service production and staff. This person should be qualified by education and experience. Educational requirements include a degree in Foods and Nutrition, Food Service or Hotel and Restaurant Management, or a minimum of three (3) years experience in managing food service production. Each provider must have services of a Registered Dietitian available to the program. A Registered Dietitian has fulfilled the academic requirements for membership in the American Dietetic Association and the Committee on Dietetic Registration and is approved by the Division of Services for Aging and Adults with Physical Disabilities Nutritionist.

XI. TYPE OF CONTRACT

Unit cost reimbursement (or other as agreed upon).

XII. REPORTING REQUIREMENTS

All approved budget revenue and actual expenditures including In-Kind, Project Income, and Local Cash must be documented for reporting purposes to the Division of Services for Aging and Adults with Physical Disabilities. Quarterly financial and program performance reports, including the status of planned service units and proposed objectives and dietitian reports must be submitted to DSAAPD twenty-one (21) days following the end of each quarter. Monthly meal count reports are due twenty-one (21) days following each month. An Annual Transition Report is due sixty (60) days after the program end date.

XIII. BILLING PROCEDURES

The contractor will submit monthly bills to DSAAPD ten (10) days following the end of the billing period. Contractors, at their discretion, may bill more frequently, but the minimum acceptable billing period is biweekly. The contractor will furnish one (1) bill to the DSAAPD nutritionist.

All Consultants must maintain an activity log and submit it with the invoice.

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES:

CONGREGATE MEAL SERVICES

PLANNED SERVICE UNITS	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
A. Enter the total number of meals served to eligible persons					
B. Break down the number of meals on line A by the following categories:					
1. mid-day meals					
2. all meals that are <i>not</i> mid-day meals					
C. Enter the number of mid-day meals by the following categories:					
1. prepared meals					
2. Medical foods (2 cans = 1 meal)					
3. Specialized medical foods (2 cans = 1 meal)					
D. Enter the total number of non-mid-day meals by the following categories:					
1. prepared meals					
▪ Evening					
▪ Breakfast					
2. Medical foods (2 cans = 1 meal)					
3. Specialized medical foods (2 cans = 1 meal)					
E. Enter the number of meals noted on Line A by the following categories:					
1. Holiday					
2. Weekend					
3. Therapeutic/modified diets					

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES:

CONGREGATE MEAL SERVICES

F. Total number of unduplicated client served	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
1. persons of high nutrition risk					
2. new persons					
G. Number of group education sessions offered to clients					
H. Total hours of nutrition counseling:					
1. unduplicated persons counseled					
2. high risk persons counseled					
I. Number of information and assistance contacts provided to clients					
J. Number of outreach contacts					
K. Number of training sessions offered to staff and/or volunteers					
L. Number of monitoring visits to sites to assess compliance with DSAAPD requirements					
M. Average total meal donation:					
1. Noon meal					
2. Breakfast					
3. Medical Foods					
4. Evening					

Attachment A

Nutrition Screening Follow-up and Intervention Plan

Agency _____ Homebound _____ Congregate _____

NSI Statement	Follow-up	Risk clients	Non-risk clients	Staff responsibility
Health Problems				
Eat only 1 meal/day				
No fruits/vegetables				
3 or more alcoholic drinks				
Tooth/mouth problems				
Not enough money				

Attachment A

Nutrition Screening Follow-up and Intervention Plan

NSI Statement	Follow-up	Risk clients	Non-risk clients	Staff responsibility
Eat alone				
3 or more prescriptions				
Lost weight				
Gained weight				
Need help with shopping				
Not enough money				

Please follow these instructions to complete this form.

Next to statement from DSAAPD/NAPIS nutrition screening checklist, indicate:

- Type of follow-up planned for the fiscal year
- Type of client (risk vs non-risk) provided intervention
- Nutrition education planned to address problems (includes newsletters)
- Staff personnel involved in activities

Rev 1/00

Attachment B

Menu Format and Nutrient Guidelines for Meals (excluding breakfast meals)

A. Menu Format

1. **Meat and meat substitutes:** ≥ 3 ounces (≥ 18 grams of protein) of edible meat or meat substitute must be included in the meal.
 - Meat substitutes may include cheese, eggs, cottage cheese, peanut butter, cooked beans/lentils and soy products.
 - Protein sources may be combined to meet the three (3) ounce requirement.
 - The use of low-fat and fat-free products is encouraged, in order to control the total fat content of the meal.
 - The use of low-sodium products is also encouraged, in order to control the total sodium content of the meal.
2. **Enriched bread and grain products:** a minimum of one (1) serving must be included in the meal. One (1) serving is defined as one (1) slice of bread or $\geq 1/2$ cup of pasta, rice or other grain product and is ≥ 15 grams of carbohydrate.
 - Bread or grain products can both contribute to this requirement.
 - Rice or pasta may be served as a bread alternative or as an extra menu item, in addition to bread.
 - The use of whole grain foods is encouraged, in order to increase the fiber content of the meal.
3. **Milk or non-dairy substitute:** a minimum of one (1) serving must be included in the meal. One (1) serving is 8 fluid ounces of milk or a non-dairy substitute e.g. soy milk.
 - Non-dairy beverages may be used to accommodate the preferences of clients who do not use dairy products due to ethnic food preferences.
 - The use of non-fat or low-fat products is encouraged, in order to control the total fat content of the meal.

Attachment B

Menu Format and Nutrient Guidelines for Meals (excluding breakfast meals)

4. **Fruit and /or vegetables:** a minimum of two (2) servings must be included in the meal. A serving is defined as $\geq 1/2$ cup of fruit or vegetable or $\geq 1/2$ cup of fruit or vegetable juice.
 - The minimum serving amount for dried fruit is as follows:
 - 6 halves dried apricots
 - 3 dates
 - 3 dried prunes
 - 2 tablespoons raisins
 - Potato is counted as a vegetable.
 - Vitamin A-rich food sources should be served at least three (3) times per week, to maintain a weekly average of 334 RE (1667 IU) Vitamin A.
5. **Fortified margarine or butter:** a minimum of one (1) teaspoon) must be included in the meal.
 - The margarine or butter can be use in preparation of the meal.
 - One (1) teaspoon mayonnaise, cream cheese, or salad dressing may be substituted. The use of low-fat products is recommended
6. **Dessert:** one dessert food must be included with the meal. A minimum serving size of $\geq 1/2$ cup of pudding, gelatin, fruit or fruit dessert is required.

Other dessert items can be portioned by the agency, considering client preferences and commonly acceptable serving sizes.

Attachment B

Menu Format and Nutrient Guidelines for Meals (excluding breakfast meals)

B. Nutrient guidelines

All meals qualifying for DSAAPD reimbursement must meet the follow nutrient guidelines, as documented by menu analysis.

Calories	>= 700 calories
Protein	>= 21 grams
Calcium	>= 300 milligrams *
Vitamin C	>= 20 milligrams
Fiber	>= 6 grams
Vitamin A	A weekly average of >= 334RE (1667 IU) is required for clients documented as receiving five meals a week. For clients receiving only one meal, the requirement is >= 334 RE (1667 IU) per meal.
Fat	~= 30% or total calories **
Cholesterol	~= 100 milligrams **
Sodium	~= 2000 milligrams **

* The DRI for calcium (adults >= 51 years of age) is 1200 milligrams. However, DSAAPD will adhere to current AOA regulations, referenced to the RDA, until further instructed. Pending revisions from AOA, current recommendations will be provided through mandated nutrition education.

** Occasional meals that exceed these recommendations will be allowed. DSAAPD encourages the provision of healthful meals for all clients, which precludes excessive amounts of fat, cholesterol and sodium.

Attachment B

Menu Format and Nutrient Guidelines for Breakfast Meals

A. Menu Format

1. Meat and Meat Substitutes:

\geq 2 ounces of meat or substitute must be included in the breakfast meal. The meat or meat substitute must contain a minimum of 12 grams of protein, excluding the protein contained in the required milk serving. The amount of food needed to meet this requirement is contained in the following table.

Food	Amount equivalent to 2 ounces of meat or meat substitute (i.e. protein content)
Poultry, fish, meat	2 ounces
Cheese	2 ounces
Egg	2 large eggs (~ 50 grams each)
Cottage cheese	Volume/amount containing 12 grams of protein
Peanut butter	3 tablespoons (~48 grams)
Cooked beans	Volume/amount containing 12 grams of protein
Tofu	Volume/amount containing 12 grams of protein
Yogurt	Volume equivalent to 12 grams of protein..

Protein sources may be combined to meet the 2 ounce requirement, e.g. 1 egg and 1 ounce of ham.

The use of low-fat and fat-free products is encouraged, in order to control the total fat content of the meal.

The use of low-sodium products is encouraged, in order to control the total sodium content of the meal.

2. Enriched Bread and Grain Products:

1 serving is \geq 1 ounce or \geq ½ cup of prepared cereal or other grain product. One serving is \geq 15 grams of carbohydrate. Foods in this group include waffles, pancakes, cereals, french toast, fortified bakery products, muffins, bagels, tortillas and breads. The use of whole grain foods is encouraged, in order to increase the fiber content of the meal.

3. Milk or non-dairy substitute:

One serving is 8 fluid ounces of milk or a non-dairy substitute, e.g. soy milk. Non-dairy beverages may be used to accommodate the preferences of clients who do not use dairy products due to ethnic food preferences.. The use of non-fat or low-fat products is encouraged, in order to control the total fat content of the meal.

Attachment B

Menu Format and Nutrient Guidelines for Breakfast Meals

4. Fruit and/or vegetables:

Two or more servings of fruit and/or vegetables must be included in the breakfast meal. A serving is defined as $\geq \frac{1}{2}$ cup of fresh or canned fruit or vegetables, $\geq \frac{1}{2}$ cup of fruit or vegetables juice.

The minimum servings for dried fruit are as follows:

- 6 halves dried apricots
- 3 dates
- 3 dried prunes
- 2 tablespoons raisins

B. Nutrient Guidelines

All meals qualifying for DSAAPD reimbursement must meet the following nutrient guidelines:

Calories	≥ 700 calories
Protein	≥ 21 grams
Calcium	≥ 300 milligrams
Vitamin C	≥ 20 milligrams
Fiber	≥ 6 grams
Vitamin A	A weekly average of ≥ 334 RE (1667 IU) is required for clients documented as receiving five meals a week. For clients receiving only one meal, the requirement is ≥ 334 RE (1667 IU).
Fat	$\sim 30\%$ of total calories *
Cholesterol	~ 100 milligrams *
Sodium	~ 2000 milligrams *

* Occasional meals that exceed these recommendations will be allowed. DSAAPD encourages provision of healthful meals for all clients, which precludes excessive amounts of fats, cholesterol and sodium.

ATTACHMENT C

FOOD STANDARDS

- A. All foods used shall be in conformance with the State guidelines for menu planning and the following specifications.
- B. The grade minimums recommended for food items are as follows:
1. Meat – Only those meats or meat products which are slaughtered, processed and manufactured in plants participating in the U.S. Department of Agriculture inspection program can be used. Meats and meat products must bear the appropriate inspection seals and be sound, sanitary and free of objectionable odors or signs of deterioration upon delivery. Meats for dry heat cooking shall be of Choice Grade and those for moist heat cooking shall be of Good Grade or better.
 2. Poultry and Seafood – When served as whole pieces, poultry and seafood shall be U.S. Grade A.
 3. Eggs – U.S. Grade A, all eggs must be free from cracks. Dried, liquid or frozen eggs shall be pasteurized.
 4. Meat extenders – Soy protein added to extend meat products shall not extend 15% of net weight of the meat used and shall be used only when acceptable product results.
 5. Fresh Fruits and Vegetables – Shall be of good quality (USDA #1) relatively free of bruises and defects.
 6. Canned and Frozen Fruits and Vegetables – Grade A used in all menu items, including combination dishes, i.e., gelatins, soufflés.
 7. Dairy Products – USDA Grade A Homogenized milk (skim, 1%, or 2%), all fortified with Vitamin A and D shall be offered.
- Only commercially preserved foods may be used (No home canned foods).
- C. Food, at all times, shall be prepared in a means that would maximize its palatability and appearance and maintain its nutritional value. Appropriate garnishes shall be provided.
- D. Minimum portions (cooked weights or edible portions)
1. Roast meats, boneless chops, steaks, boneless turkey and cutlets – 3 oz.
 2. Bone in chops, breaded meats or seafood – 4 oz.
 3. Chicken with bone – 5 oz.

Attachment C

Food Standards

4. Chopped steaks, meatloaf – 3 oz.
5. Eggs – 1 large egg is equivalent to 1 oz. of protein requirement.
6. Dried beans, peas, lentils – ½ cup equal to 1 oz. of protein requirements (must be used in combination with whole grain products, egg, cheese, or meat product).
7. Soup used as a vegetable must contain a minimum of 4 oz. of vegetables (drained weight).
8. Gelatin salad used as a fruit and/or vegetable requirements must be enriched with Vitamin C.
9. Instant mashed potatoes utilized for the vegetable requirements must be enriched with Vitamin C.
10. All grain products used must be enriched.

NOTE: Combinations of protein foods can be used to serve the 3 oz. requirement.

ATTACHMENT D

MENU APPROVAL FORM FOR CONGREGATE AND HOME DELIVERED MEALS TITLE III NUTRITION PROGRAM

Signature of Dietitian_____Registration Number_____

Print Name_____Contact Phone Number_____

Address_____

Nutrition Project Director_____Contact Phone Number_____

Address_____

1. This menu shall consist minimally of a _____week cycle of regular diet meals and shall be representative of the current six month period. Attach cycle menu, menu as served (if different), weekly nutrient average, daily nutrient analysis.
2. For those participants requiring menu modifications for reasons of health, diabetes, hypertension, heart disease, etc., modified diets can be provided in accordance with established regulations. Modified diet menus must be reviewed and approved by the dietitian. Please indicate those modified diets which are provided: